COUNTRY:



UTILITY PATENT

Attorney Docket APPLICATION 2132.032

TRANSMITTAL

FIRST NAMED INVENTOR

FAX: (561) 625-6572

OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1406 DALTONS

EXPRESS MAIL LABEL NO.: El608094610US Date submitted: APPLICATION ELEMENTS Assistant Commissioner for Patents (See MPEP chapter 600 concerning utility patent appln.) Box Patent Application Washington, D.C. 20231 1. X Fee Transmittal Form 6. Microfiche Computer Program (Appendix) (Submit an original, and a duplicate for fee processing) X Specification 36 Total Pages 7. Nucleotide and/or Amino Acid Sequence Submission (preferred arrangement set forth below) (if applicable, all necessary) -Descriptive title of the Invention a. ___ Computer Readable Copy -Cross References to Related Applications b. ___ Paper Copy (Identical to computer copy) -Statement Regarding Fed sponsored R&D c. ___ Statement verifying identity of above copies -Reference to Microfiche Appendix -Background of the Invention ACCOMPANYING APPLICATION PARTS: -Brief Summary of the Invention 8. ___ Assignment Papers (copy) -Brief Description of the Drawings (if filed) 9. ___ 37 CFR 3.73(b) Statement ___ Power of Attorney 10. ___ English Translation Document (if applicable) -Detailed Description 11. __ Information Disclosure -Claim(s) Copies of IDS -Abstract of the Disclosure Statement (IDS)/PTO-1449 Citations 3. X Drawing(s) (35 USC 13) 2 New Sheets 12. ___ Preliminary Amendment 4. X Decl./Pow. of Att. 2 Total pages (COPY) 13. X Return Receipt Postcard (MPEP 503) a. __ Combined Executed (original or copy) 14. __ Small Entity(2) __ Statement filed in prior for C-I-P application) (Unsigned) Statement(s) Application b. Copy from a prior appln. (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 Below] 15. Certified Copy of Priority Document(s) Deletion of Inventor(s) (If foreign priority is claimed) Signed statement attached deleting 16. ____ Other:_ inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b. is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation ____ Divisional ____ Continuation-in-part (CIP) of prior application No. 18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label or X Correspondence address below (Insert Customer No. Or Attach bar code label here) Exist. NAME: Michael A. Slavin McHale & Slavin, P.A. ADDRESS: 4440 PGA Blvd., Suite 402 Palm Beach Gardens 33410 CITY: STATE: ZIP CODE: TELEPHONE: (561) 625-6575 U.S.A.

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231



FEE TRANSMITTAL for FY2001	Application Number: N/A				
	Filing Date : N/A				
	First Named Inventor: Jackowski et al				
Date: 04/30/01	Group Art Unit : N/A				
	Examiner Name : N/				
Total Amount DUE: \$355.00	Attorney Docket No. 2132.032				
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge 3. ADDITIONAL FEES:					
the filing fees and any additional fees to:					
Deposit:	Б		e Entity		ll Entity
Account No Deposit	Fee Code	Fee (\$)		Fee _(\$)	FEE DESCRIPTION
Account Name:	105	130	205		Surcharge - late filing fee/oath
Charge any additional Applicant claims small	127	50	227	25	Surcharge - late provisional
Fee required under entity status. See. 37 CFR					filing fee or cover sheet.
37 CFR 1.15 and 1.17 1.27	139	130	139	130	Non-English specification
	147	2520	147	2520	For filing a Request, for Exam.
2. X Payment Not submitted	112	920*	112	920*	Req. publication of SIR prior
Check Money Order Other					Examiner Action
FEE CALCULATION	115	110	215	55	Extension - first month
1. FILING FEE	116	400	216	200	Extension - second month
	117	950	217	475	Extension - second month Extension - third month Extension - fourth month
Large Entity Small Entity	118	1510	218	755	Extension - fourth month
Fee Fee Fee FEE DESCRIPTION/FEE PAID		2060	228	1030	Extension - fifth month
Code (\$) Code (\$) 101 710 201 355 Utility filing fee 355	119	310	219	155	Notice of Appeal
	120	310	220	155	Brief in support of Appln.
	21	270	221	135	Req. for Oral Hearing
· · · · · · · · · · · · · · · · · · ·	138	1510	138	1510	Petition to Institute Public
					Use Proceeding
114 150 214 75 Provisional filing fee	140	110	240	55	Pet. to revive - unavoidable
SUBTOTAL(1) \$355.00	141	1320	241	660	Pet. To revive - unintentional
Fee from	142	1320	242	660	Utility Issue Fee
2. CLAIMS Extra below Fee Paid	143	450	243	225	Design Issue Fee
	144	670	244	335	Plant Issue Fee
Independent $1 - 3 = -0 - x = 40 = -0	122	130	122	130	Petitions to Commissioner
Multiple Dep 0 $x = $-0-$	123	50	123	60	Petitions re: Provisional
Claims	126	240	126	240	Sub. Of Infor. Discl. Stm.
Large Entity Small Entity	581	40	581	40	Record. Patent Assign.
Fee Fee Fee FEE DESCRIPTION					Per property
	146	290	246	395	Filing a Submission After
103 22 203 11 Claims in excess of 20					Final rejection (37 CFR .129(a)
102 82 202 41 Ind. Claims in excess of 3	149	790	249	39:	For each addnl. invention
104 270 204 135 Mult. Dependent claim					e examined (37 CFR 1.129(b)
109 82 209 41 Reissue Independent Clai	ms ov	er Ori	ginal Pa	atent	Other fee (specify)
110 22 210 11 Reissue Claims in excess Other fee (specify)					
20 and over original patent//					
FEE SUBTOTAL(2) \$355.00 *Reduced by Basic fring fee SUBTOTAL(3) SUBMITTED BY:					
Michael A. Slavin					
Typed or printed Name: Michael A. Slavin Reg. No. 34,016					
Signature		-		4 (0.0	04 D

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL608094610US

I HEREBY CERTIFY that the following correspondence: UTILITY APPLICATION
TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS
OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate;
RETURN-RECEIPT postcard; regarding the Application entitled: BIPOLAR MARKER INDICATIVE
OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1406 DALTONS is being deposited with the United States Postal Service as EXPRESS MAIL, POST OFFICE TO ADDRESSEE, in an envelope addressed to:

Commissioner of Patents & Trademarks Box Patent Application Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A. 4440 PGA BLVD. SUITE 402 PALM BEACH GARDENS, FL 33410 (561) 625-6575

Cathy Nicholson Legal Assistant